

Docket: 31-CD-5530

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

G. Ian Rowlandson : Group Art Unit: 3626

Serial No.: 09/751,023 : Examiner: Gottschalk, M. A.

Filed: December 29, 2000

Title: AUTOMATED SCHEDULING OF EMERGENCY
PROCEDURE BASED ON IDENTIFICATION
OF HIGH-RISK PATIENT

Hon. Commissioner for Patents
Alexandria, VA 22313-1450

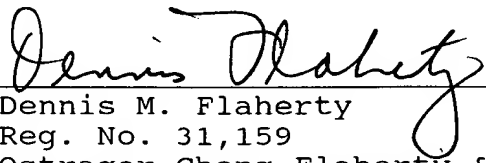
**PETITION REQUESTING ONE-MONTH
EXTENSION OF TIME**

Sir:

The Applicant hereby requests one-month extension of the term for responding to the Office Action mailed on August 2, 2005, which response was due on November 2, 2005. The extension fee in the amount of \$120.00 should be charged to Deposit Account No. 50-2401. A Deposit Account Order Form is being submitted herewith.

Respectfully submitted,

December 2, 2005
Date


Dennis M. Flaherty
Reg. No. 31,159
Ostrager Chong Flaherty &
Broitman P.C.
250 Park Avenue, Suite 825
New York, NY 10177-0899
(212) 681-0600

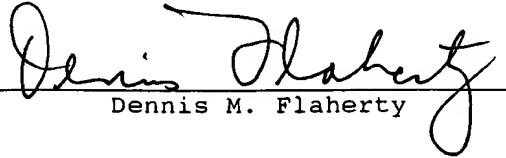
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CERTIFICATE OF MAILING

The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

December 2, 2005
Date


Dennis M. Flaherty



Docket No. 31-CD-5530

Applicant: G. Ian Rowlandson : Group Art Unit: 3626
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TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the above-identified application
are an Amendment and a Petition Requesting One-Month Extension of Time.

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.
☐ A fee for additional claims is required. The additional fee
has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS		RATE		ADDITIONAL FEE
TOTAL CLAIMS:	23	-	27	=	0		x \$50 =		0
INDEPENDENT CLAIMS:	2	-	3	=	0		x \$200 =		0
TOTAL FEE DUE								\$	0

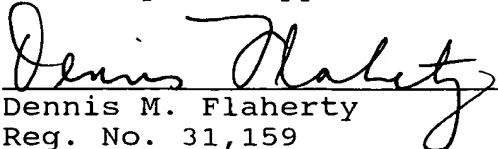
☐ Our check for payment of the fee for additional claims in the
amount of \$_____ is enclosed.

☒ Please charge \$120.00 to Deposit Account No. 50-2401 in payment
of the fee for a one-month extension of time.

☒ The Commissioner is authorized to charge payment of any
extension or other fee under 37 CFR 1.16 or 1.17 which may be required
by this paper or credit any overpayment of same to Deposit Account No.
50-2401.

Respectfully submitted,

Attorney for Applicant


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